

# ARKANSAS TOWING & RECOVERY BOARD

## COMPLAINT FORM

TYPE (for office use only)

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COMPLAINT NUMBER (for office use only)

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TOWING SERVICE NAME	ADDRESS STREET	CITY	ZIP	PHONE NUMBER

DRIVER/OWNER	ADDRESS STREET	CITY	ZIP	PHONE NUMBER

COMPLAINANT	ADDRESS STREET	CITY	ZIP	PHONE NUMBER

WITNESS	ADDRESS STREET	CITY	ZIP	PHONE NUMBER

VEHICLE INFORMATION				
LPN	STATE	MAKE	MODEL	VIN

FACTS: